

New Jersey

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State CARE Act Program Profile

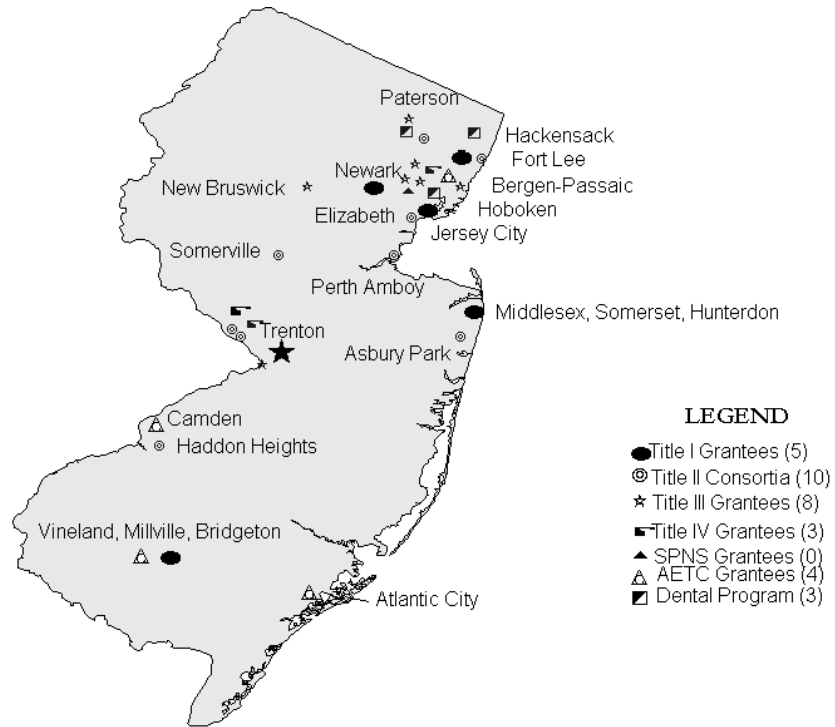
CARE Act Funding History Since 1996

Fiscal Year	1996	1997	1998	Total
Title I	\$19,516,038	\$23,101,303	\$25,496,772	\$68,114,113
Title II (including ADAP)	\$13,135,111	\$21,380,789	\$28,345,926	\$62,861,826
ADAP	(\$2,953,162)	(\$9,448,859)	(\$16,226,455)	(\$28,628,476)
Title III	\$3,236,817	\$3,575,321	\$3,619,771	\$10,431,909
Title IV	\$2,557,094	\$5,600,286	\$2,120,480	\$10,277,860
SPNS	\$702,931	\$0	\$0	\$702,931
AETC	\$778,657	\$564,481	\$1,548,498	\$2,891,636
Dental	\$314,726	\$270,771	\$332,245	\$917,742
Total	\$40,241,374	\$54,492,951	\$61,463,692	\$156,198,017

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

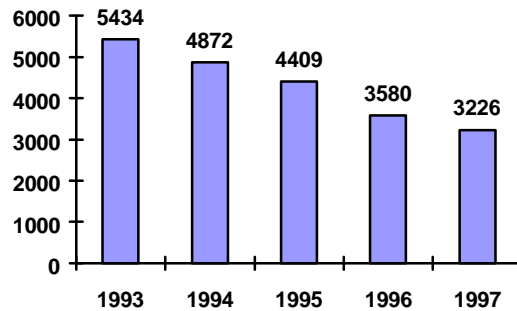
	1996	1997	1998
Title I	5	5	5
Title III	8	8	8
Title IV	3	3	3
SPNS	1	0	0
AETC (grantee or subcontractor)	4	4	4
Dental	3	3	3

Location of FY 1998 CARE Act Grantees and Title II Consortia



HIV/AIDS Epidemic in the State: New Jersey (Pop. 8,052,849)

- ▶ Persons reported to be living with AIDS through 1997: 12,410
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997: 11,105
- ▶ State reporting requirement for HIV: Name-based reporting for HIV (initiated January 1992)
- ▶ State AIDS Cases (cumulative) since 1993: 21,521 (6% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	68%	78%
Women (13 years and up):	32%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	1%	1%
20+ years old :	99%	98%

	State-Specific Data	National Data
White:	23%	33%
African American:	58%	45%
Hispanic:	18%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%
Other, unknown or not reported:	1%	0%

	State-Specific Data	National Data
Men who have sex with men (MSM):	16%	35%
Injecting drug user (IDU):	35%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	4%
Heterosexual contact:	17%	13%
Other, unknown or not reported:	30%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	96%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	4%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	154.5	194.5
Gonorrhea (1996)	109.8	124.0
Syphilis (1996)	2.2	4.3
TB (1997)	8.9	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- **Gaps:** care and medications in Medicaid managed care programs; substance abuse treatment; and services for women, particularly minorities

State Medicaid Information

In 1998, Medicaid is estimated to have covered 55% of U.S. adults with AIDS and 90% of pediatric AIDS cases. Applying these percentages to the number of AIDS cases in the U.S., at least 108,000 individuals with AIDS were covered by Medicaid in 1998.

Medicaid Income Eligibility Requirements

Eligibility Category	Income
Adult Aged/Blind/Disabled*	75% FPL
Pregnant Women	185% FPL
Medically Needy	52% FPL

*Income eligibility for State's ADAP program is annual income below \$30,000.

Medicaid Prescription Drug Benefits Limits

Co-payment:	No
Limit on Rx per month:	No
Refill limit:	Yes
Quantity Limit:	Yes

Waivers

1115

Section 1115 of the Social Security Act gives the Secretary of Health and Human Services broad authority to waive provisions in Title XIX, the Medicaid statute. Populations covered vary from waiver to waiver, as does the scope of coverage and the nature of the provider organization.

1115 waiver: No

1915(b)

Section 1915(b) of the Social Security Act authorizes the Secretary of Health and Human Services to waive compliance with certain portions of the Medicaid statute that prevent a state from mandating that Medicaid beneficiaries obtain their care from a single provider or health plans.

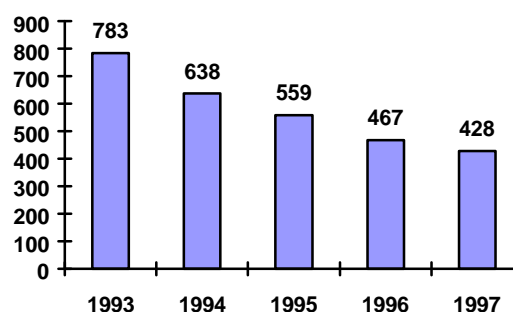
1915(b) waiver(s): Yes

Title I: Bergen-Passaic (Pop. 1,311,949)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Bergen, Passaic Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,757
- ▶ AIDS Cases (cumulative) since 1993: 2,875 (13% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	68%	68%	78%
Women (13 years and up):	32%	32%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	32%	23%	33%
African American:	46%	58%	45%
Hispanic:	22%	18%	21%
Asian/Pacific Islander:	1%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	19%	16%	35%
Injecting drug user (IDU):	32%	35%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	2%	4%
Heterosexual contact:	18%	17%	13%
Other, unknown or not reported: (Adults only)	29%	30%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,880,238	\$2,143,631	\$2,292,767	\$6,316,636
Supplemental	\$1,488,857	\$2,148,962	\$2,061,524	\$5,699,343
Total	\$3,369,095	\$4,292,593	\$4,354,291	\$12,015,979

Allocation of Funds

	1998
Health Care Services	\$1,506,615/35%
Medications	\$282,723/6%
Case Management	\$558,005/13%
Support Services	\$892,808/21%
Administration, Planning and Program Support	\$479,884/11%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 29
- ▶ PLWH on planning council: 9 (31%)

Gender of Planning Council Members

Men:	38%
Women:	62%

Race/Ethnicity of Planning Council Members

White:	59%
African American:	24%
Hispanic:	17%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	8,980
Men:	61%
Women:	39%

<13 years old:	1%
13-19 years old:	1%
20+ years old:	97%

White:	29%
African American:	43%
Hispanic:	25%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Men who have sex with men (MSM):	13%
Injecting drug user (IDU):	46%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	24%
Other, unknown or not reported:	13%

► Improved Patient Access

- The number of clients receiving care increased by approximately 30% between 1994 and 1997. The Title I program has used increases in funding to expand the number of minority-based providers and services specifically targeted to racial/ethnic minorities and women. As a result, there has been a notable increase in women (18%) and Hispanics (24%) served.
- During this same period, the grantee reported major increases in several primary health care and related services, including: 1) a 180% increase in number of substance abuse counseling visits provided; 2) a more than 100% increase in medical visits and diagnostic tests; 3) a 78% increase in case management encounters; 4) an almost 50% increase in mental health visits; and 5) an almost seven-fold increase in home health visits.

- The following Title I services were added or enhanced in FY 1997. 1) Buddy, companion, and respite services operated by a municipal senior program were funded and successfully reached minorities, women, chemically addicted, homeless and transient clients. 2) In direct response to consumer concerns, a medical support group was established in 1997 to address medication usage, new treatment protocols and medical regimens. 3) A strategic outreach effort targeting pregnant women and women of childbearing age at high risk for HIV infection was initiated at strategic locations throughout the community, then evaluated and demonstrated to be successful. 4) Street outreach services were enhanced and linked to substance abuse counseling, prevention, case management, and supportive services, in an effort to draw more women into care, including new initiatives focusing on women with chemical addictions and commercial sex workers. 5) Mental health services were expanded focusing on chemically dependent and/or homeless populations, along with expansions in primary medical care, medications, emergency assistance, and substance abuse counseling services for this population.

► **Cost Savings**

- Cost saving efforts in FY 1997 included establishing uniform service definitions for unit-cost reimbursement based on actual services delivered; and implementing a management information system with providers to improve program coordination, tracking/monitoring, and provider reimbursement. The Title I program also instituted case management standards of care and a uniform management information system to improve services and coordination among providers and facilitate “one-stop shopping” for clients.

► **Other Accomplishments**

- The Title I program targeted funding for services, including outreach, client advocacy, transportation, substance abuse counseling, and emergency assistance to geographic areas with few HIV-related service resources.
- A newly funded Hispanic community-based organization expanded its outpatient substance abuse counseling services and enhanced collaborative efforts and resources by hosting another funded provider for client advocacy services. This agency is the sole minority community-based organization targeting a predominately Spanish-speaking area.

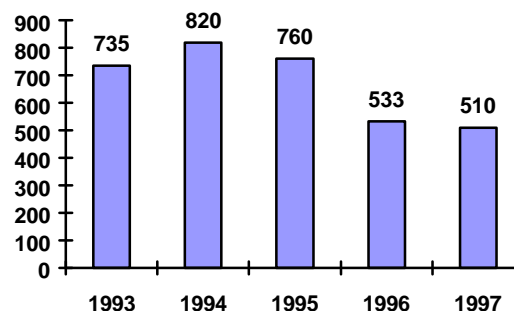
Title I: Jersey City (Pop. 553,099)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

▶ EMA: Hudson County

- ▶ Estimated number of people living with AIDS at the end of 1997: 2,112
- ▶ AIDS Cases (cumulative) since 1993: 3,358 (16% of state cases, 1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	71%	68%	78%
Women (13 years and up):	29%	32%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	23%	23%	33%
African American:	45%	58%	45%
Hispanic:	31%	18%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	23%	16%	35%
Injecting drug user (IDU):	31%	35%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	2%	4%
Heterosexual contact:	15%	17%	13%
Other, unknown or not reported: (Adults only)	29%	30%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$2,406,293	\$2,672,024	\$2,787,628	\$7,865,945
Supplemental	\$1,361,581	\$1,928,079	\$2,532,672	\$5,822,332
Total	\$3,767,874	\$4,600,103	\$5,320,300	\$13,688,277

Allocation of Funds

	1998
Health Care Services	\$2,006,329/38%
Medications	\$265,000/5%
Case Management	\$1,250,128/23%
Support Services	\$715,040/13%
Administration, Planning and Program Support	\$363,606/7%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 30
- ▶ PLWH on planning council: 12 (40%)

Gender of Planning Council Members

Men:	50%
Women:	50%

Race/Ethnicity of Planning Council Members

White:	47%
African American:	30%
Hispanic:	23%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	9,170
Men:	61%
Women:	39%

<13 years old:	8%
13-19 years old:	3%
20+ years old:	88%

White:	21%
African American:	45%
Hispanic:	33%
Asian/Pacific Islander:	1%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	1%

Men who have sex with men (MSM):	14%
Injecting drug user (IDU):	44%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Heterosexual contact:	28%
Other, unknown or not reported:	14%

► Improved Patient Access

- The Title I program has continued to serve increased numbers of people despite advances in treatment and prevention. The HIV/AIDS epidemic in Hudson County is driven by IV drug abuse, profound poverty, and other complex psychosocial factors. As a result, it is difficult to estimate the exact number of people currently in care, but approximately 75% of those in treatment are active or former injecting drug users.

- During 1997, the Title I program developed five new programs that became operational by the start of FY 1998, providing new access points to care. These included: 1) a residential substance abuse treatment program that serves approximately six clients monthly, with funding split between a mainstream program and one serving the Hispanic community, with a focus on women using a family service model; 2) permanency planning for minors that includes counseling and execution of permanency plans; 3) in-home primary health care services to support clients in final stages of illness; 4) a program providing one-time emergency assistance for housing needs; and 5) dental services at a mainstream clinic, providing services closer to home.

▶ **Improved Patient Outcomes**

- The EMA has begun examining client outcomes through a variety of quality assurance measures, which all contractors are required to perform and the grantee assesses. Additionally, providers are required to conduct anonymous client satisfaction surveys, which are being used this year to assess access to new HIV medications.

▶ **Other Accomplishments**

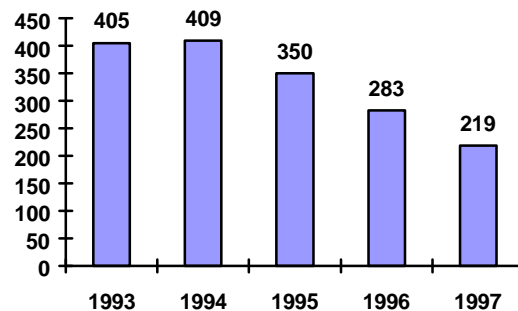
- A number of significant changes associated with client care were implemented during FY 1997. 1) Service delivery and reporting was standardized including: the development of standard units of service, and development of a standardized referral form containing basic information needed by all providers. 2) The grantee hosted regular provider meetings to support information exchange and discuss pertinent treatment issues and evolving standards of care. 3) Provider and consumer training were provided on treatment issues, Title I-funded services and other HIV-related programs through the joint efforts of the grantee and Planning Council. 4) The first resource referral guide to HIV services and programs in the County was published and distributed.

Title I: Middlesex-Somerset-Hunterdon (Pop. 1,019,835)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Hunterdon, Middlesex, Somerset Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 1,067
- ▶ AIDS Cases (cumulative) since 1993: 1,666 (8% of state cases, <1% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	69%	68%	78%
Women (13 years and up):	31%	32%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	36%	23%	33%
African American:	44%	58%	45%
Hispanic:	19%	18%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	16%	16%	35%
Injecting drug user (IDU):	35%	35%	24%
Men who have sex with men and inject drugs (MSM/IDU):	3%	2%	4%
Heterosexual contact:	18%	17%	13%
Other, unknown or not reported: (Adults only)	28%	30%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$1,145,728	\$1,325,729	\$1,344,731	\$3,816,188
Supplemental	\$1,053,155	\$593,347	\$1,253,192	\$2,899,694
Total	\$2,198,883	\$1,919,076	\$2,597,923	\$6,715,882

Allocation of Funds

	1998
Health Care Services	\$1,143,086/44%
Medications	\$285,771/11%
Case Management	\$376,699/15%
Support Services	\$493,606/19%
Administration, Planning and Program Support	\$298,761/11%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 40
- ▶ PLWH on planning council: 12 (30%)

Gender of Planning Council Members

Men:	43%
Women:	57%

Race/Ethnicity of Planning Council Members

White:	77%
African American:	13%
Hispanic:	10%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

► Improved Patient Access

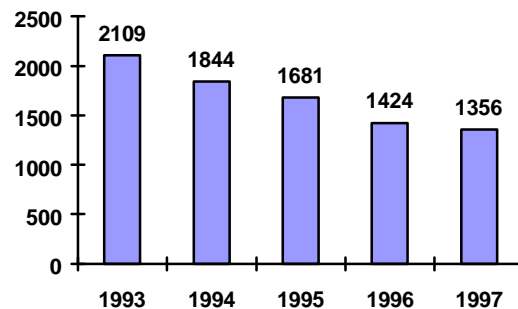
- During FY 1997, HIV medical services were provided by this smaller Title I program to 427 unduplicated clients, and 76 unduplicated clients received dental services. In addition, more than 800 clients from this EMA received their HIV prescriptions through the AIDS Drug Assistance Program, which is supported with local Title I funding as well as state Title II funds.
- In FY 1997, Title I funding also provided the following important services: 1) a total of 3,910 hours of mental health treatment and counseling for 210 unduplicated clients, and substance abuse treatment services to 93 unduplicated clients; 2) emergency assistance for expenses related to housing and utilities for 86 unduplicated families or persons, transportation services to 113 clients, and legal services for 71 individuals; and 3) case management services for a total of 654 unduplicated clients, with more than 3,975 face-to-face encounters and 7,500 telephone encounters.
- New services added in FY 1997 included: 1) an HIV Clinic that was established in Somerset County to provide primary medical care to rural clients living in the EMA; and 2) comprehensive housing-related counseling services provided by a Title I-funded housing access coordinator.

Title I: Newark

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Essex, Morris, Sussex, Union, Warren Counties
- ▶ Estimated number of people living with AIDS at the end of 1997: 5,365
- ▶ AIDS Cases (cumulative) since 1993: 8,414 (39% of state cases, 2% of total U.S. cases)

▶ New AIDS cases by calendar year, 1993-1997



AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	64%	68%	78%
Women (13 years and up):	36%	32%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	1%	1%	2%
20+ years old:	99%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	16%	23%	33%
African American:	72%	58%	45%
Hispanic:	12%	18%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	10%	16%	35%
Injecting drug user (IDU):	38%	35%	24%
Men who have sex with men and inject drugs (MSM/IDU):	2%	2%	4%
Heterosexual contact:	17%	17%	13%
Other, unknown or not reported: (Adults only)	33%	30%	24%

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$5,562,258	\$6,418,236	\$6,839,304	\$18,819,798
Supplemental	\$4,163,590	\$5,194,294	\$5,790,953	\$15,148,837
Total	\$9,725,848	\$11,612,530	\$12,630,257	\$33,968,635

Allocation of Funds

	1998
Health Care Services	\$4,205,287/33%
Medications	\$843,119/7%
Case Management	\$2,545,889/20%
Support Services	\$3,276,345/26%
Administration, Planning and Program Support	\$1,215,465/10%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 28
- ▶ PLWH on planning council: 10 (36%)

Gender of Planning Council Members

Men:	61%
Women:	39%

Race/Ethnicity of Planning Council Members

White:	39%
African American:	43%
Hispanic:	18%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	30,650
Men:	56%
Women:	44%

<13 years old:	6%
13-19 years old:	7%
20+ years old:	87%

White:	12%
African American:	64%
Hispanic:	24%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	8%
Injecting drug user (IDU):	52%
Men who have sex with men and inject drugs (MSM/IDU):	3%
Heterosexual contact:	29%
Other, unknown or not reported:	7%

► Improved Patient Access

- In 1997, the number of units of primary health care services provided through Title I, increased by 8% over those delivered in 1996.
- In FY 1997, the EMA added the following six new Title I-funded services: 1) an inpatient substance abuse residential program; 2) day and respite care services for infants and children; 3) adoption and foster care services, including but not limited to permanency planning; 4) residential hospice services for PLWH in the end-stage of the disease; 5) a perinatal program; and 6) substance abuse housing for women and their dependent children.

- The Title I program added or expanded the following access points to care in FY 1997: 1) a mobile unit was funded for the first time to provide expanded medical care services in areas of high-risk and underserved populations; 2) funding was increased for transportation in rural areas to ensure client access to medical care and other services; 3) primary medical care funds were expanded to extend clinic hours, and thereby increase access to care; 4) overall, the Planning Council increased support for housing for women and children by 75% across the EMA; and 5) prescription dollars were awarded to inpatient hospital providers, to ensure that all discharged clients receive gap medications until they become enrolled in the State's Title II ADAP or other funding is received. The allocation for the EMA's local medications program was increased to address the growing demand resulting from new treatment advances.

► **Improved Patient Outcomes**

- The grantee reported that with the increase of prescription dollars for clients being discharged from hospital settings, fewer clients experienced serious deterioration of health.
- The Title I program developed a strategy to help substance-abusing clients adhere to treatment protocols. In addition, the EMA increased funding to facilities that are certified, licensed, or recognized by the state, and increased residential slots for long-term substance abuse treatment.

► **Cost Savings**

- The grantee reports that cost savings were achieved by coordinating housing services (HOPWA) funds with Title I funds.

► **Other Accomplishments**

- The Title I program put several quality assurance measures into place including: 1) ensuring that all food service programs are staffed with or consulted by a nutritionist; 2) implementing client interviews to ensure consumer satisfaction; 3) standardization of case management services through a comprehensive case management training program; and 4) new monitoring and evaluation protocols that include cost, outcome, and performance-base contracts.

Title I: Vineland-Millville-Bridgeton (Pop. 141,230)

Title I funds are provided to eligible metropolitan areas (EMAs) hardest hit by the HIV/AIDS epidemic to provide a wide range of community-based services. In FY 1998, there were 49 EMAs in 19 States, Puerto Rico and the District of Columbia. From FY 1991 to FY 1998, more than \$2.4 billion in funding was appropriated for Title I programs in the U.S.

- ▶ EMA: Cumberland County

AIDS Cases Reported in 1997

	EMA-Specific Data	State-Specific Data	National Data
Men (13 years and up):	72%	68%	78%
Women (13 years and up):	28%	32%	22%

	EMA-Specific Data	State-Specific Data	National Data
<20 years old:	0%	1%	2%
20+ years old:	100%	99%	98%

	EMA-Specific Data	State-Specific Data	National Data
White:	17%	23%	33%
African American:	52%	58%	45%
Hispanic:	30%	18%	21%
Asian/Pacific Islander:	0%	0%	<1%
Native American/Alaskan Native:	0%	0%	<1%
Other, unknown or not reported:	0%	1%	0%

	EMA-Specific Data	State-Specific Data	National Data
Men who have sex with men (MSM):	0%	16%	35%
Injecting drug user (IDU):	54%	35%	24%
Men who have sex with men and inject drugs (MSM/IDU):	0%	2%	4%
Heterosexual contact:	20%	17%	13%
Other, unknown or not reported:	27%	30%	24%

(Adults only)

Funding History

Fiscal Year	1996	1997	1998	Total
Formula	\$252,954	\$329,059	\$328,114	\$910,127
Supplemental	\$201,384	\$347,942	\$265,887	\$815,213
Total	\$454,338	\$677,001	\$594,001	\$1,725,340

Allocation of Funds

	1998
Health Care Services	\$150,062/25%
Medications	\$11,338/2%
Case Management	\$121,225/20%
Support Services	\$191,144/32%
Administration, Planning and Program Support	\$120,232/20%

Planning Activities

Planning councils work in partnership with the grantee to assess service needs in the EMA and develop a continuum of care. Planning council membership must be reflective of the local epidemic and at least 25 percent of voting members must be PLWH.

- ▶ Number of members on planning council: 24
- ▶ PLWH on planning council: 7 (29%)

Gender of Planning Council Members

Men:	42%
Women:	58%

Race/Ethnicity of Planning Council Members

White:	58%
African American:	29%
Hispanic:	13%
Asian/Pacific Islander:	0%
Native American/Alaska Native:	0%

(Note: Information taken from FY 1998 Applications. Current Planning Council composition may differ.)

Accomplishments

Clients Served (duplicated count), FY 1996:	400
Men:	60%
Women:	40%
<13 years old:	3%
13-19 years old:	0%
20+ years old:	97%
White:	20%
African American:	43%
Hispanic:	35%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	3%
Men who have sex with men (MSM):	11%
Injecting drug user (IDU):	32%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Heterosexual contact:	22%
Other, unknown or not reported:	36%

► Improved Patient Access

- Since the Title I program was first funded late in FY 1995, the grantee reports that the number of individuals receiving HIV primary care services has increased from 12 to 145 in FY 1997.
- Historically, the system of HIV care within this small EMA has been fragmented with little internal cohesion. In 1997, the Planning Council allocated funds to create a new service coordinator position, for the purpose of coordinating case managers and services facilitators across all funding streams and to improve early diagnosis and medical intervention. One focus of the services coordinator has been to develop linkages among agencies serving migrant workers and those working with Hispanic communities and the general public, to enhance outreach and early intervention efforts and bring them into the care system. In addition, the services coordinator and a new prison discharge planner are working with the state's privately contracted prison health services to improve the transition of HIV-infected ex-offenders into the system of primary care and supportive services funded under Title I.
- The EMA funded a transportation coordinator to coordinate and streamline access to transportation services in the large and rural county. Transportation services have reduced the incidence of missed primary care appointments.

► **Improved Patient Outcomes**

- The grantee reported: 1) a reduction in mortality rates among clients in primary care; 2) increased resistance to opportunistic infection resulting from the provision of nutrition services, as measured by improved blood chemistry and electrolyte levels and decreased incidence of collateral problems (e.g., goiters, dental problems); and 3) improved nutrition and oral health resulting from the provision of dental services.

► **Cost Savings**

- Through coordination of services, the Title I program reduced duplication of services and at the same time increased the number of HIV-infected individuals accessing primary care, both inside and outside of the Title I funding stream.

► **Other Accomplishments**

- The Title I program conducted a series of public hearings and town meetings with media participation to increase public knowledge and awareness of HIV-related issues and to reduce misconceptions, negative attitudes, and fear.

Title II: New Jersey

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$13,135,111	\$21,380,789	\$28,345,926	\$62,861,826
ADAP (included in Title II grant)	(\$2,953,162)	(\$9,448,859)	(\$16,226,455)	(\$28,628,476)
Minimum Required State Match	\$6,567,556	\$10,690,395	\$14,172,963	\$31,430,914

Allocation of Funds

	1998
Health Care (State Administered)	\$22,555,519/80%
Home and Community Care	(\$1,226,011)
Health Insurance Continuation	(\$1,253,259)
ADAP/Treatments	(\$20,056,249)
Direct Services	(\$20,000)
Case Management (State Administered)	\$0/0%
Consortia	\$3,853,665/14%
Health Care*	(\$1,374,874)
ADAP/Treatment	(\$52,060)
Case Management	(\$1,146,594)
Support Services**	(\$1,280,137)
Administration, Planning and Evaluation (Total State/Consortia)	\$1,936,742/7%

* includes: diagnostic testing, preventive care and screening, prescribing and managing medication therapy, continuing care and management of chronic conditions, and referral to specialty care.

** includes: counseling, direct emergency financial assistance, companion/buddy services, day and respite care, housing assistance, and food services.

Consortia Activities, FY 1997

States provide services directly or through subcontracts with Title II HIV care consortia. A consortium is an association of public and nonprofit health care and support service providers and community-based organizations that plans, develops and delivers services for people living with HIV disease.

Number of consortia in State: 10

Consortium Name	Location	Service Area	Title II Funding, FY 1997
Bergen County HIV/AIDS Consortium	Fort Lee		\$114,311
Coalition on AIDS in Passaic County	Paterson		\$165,000
HIV CARE Consortium/Atlantic Cape May Counties	Atlantic City	Atlantic and Cape May Counties	\$900,000
Hunterdon-Somerset HIV Care Consortium	Somerville		\$100,000
Mercer County HIV Consortium	Trenton	Mercer County	\$700,000
Middlesex County HIV Care Consortium	Perth Amboy		\$100,000
Monmouth-Ocean HIV Care Consortium	Asbury Park	Monmouth and Ocean Counties	\$0
New Jersey Statewide Pediatric	Trenton	StatewideStatewide	\$200,000
The South Jersey Council on AIDS	Haddon Heights	Salem, Burlington, Camden and Gloucester Counties	\$675,000
Union County HIV Consortium	Elizabeth		\$70,000

Accomplishments

Clients Served (duplicated count), FY 1996:	11,350
Men:	57%
Women:	37%
Other, unknown or not reported:	6%
<13 years old:	3%
13-19 years old:	1%
20+ years old:	87%
Other, unknown or not reported:	9%

White:	31%
African American:	42%
Hispanic:	16%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	11%

Men who have sex with men (MSM):	20%
Injecting drug user (IDU):	31%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Heterosexual contact:	26%
Other, unknown or not reported:	22%

► **Improved Patient Access**

- The grantee reported a 14% increase in the total number of ambulatory health care providers (medical, dental, mental health, substance abuse treatment) offering services, 31 providers in 1996 up from 27 in the previous year; and a corresponding increase in the total aggregate number of persons served, with 5,200 aggregate clients (not unduplicated) in 1996 as compared with 4,560 aggregate clients in 1995. The number of medical visits provided that year also increased by 13% to 21,572 total visits. The largest increases in services provided in 1996 were for substance abuse treatment, a 156% increase to 14,130 visits; dental services, which increased by 79% to 998 visits; and mental health services, which increased by 42% to 1,693 visits.
- The number of clients receiving HIV/AIDS medications through ADAP increased by 182% between 1995 and 1997, with a total of 6,492 clients served during 1997 as compared with 2,300 during 1995. The grantee expanded the ADAP formulary in 1995-97 to include protease inhibitors and other new antivirals, from 27 to 41 medications. In addition, enrolled clients may now fill their prescriptions at any Medicaid-participating pharmacy throughout the State.
- The number of clients in the health insurance continuation program grew from 90 in 1995 to 160 in 1996, a 78% increase.
- The demographic profile of beneficiaries enrolled in ADAP does not significantly vary from the demographic patterns of the epidemic in New Jersey. The only exception is the limited number of children enrolled in ADAP due to their eligibility for Medicaid.

► **Cost Savings**

- ADAP is administered jointly by the grantee and the agency responsible for managing the State Medicaid program, through a formal memorandum of understanding. This facilitates eligibility determination and timely transition to Medicaid, and avoids unnecessary duplication of administrative activities. In addition, it facilitates cost efficiencies through receipt of manufacturers' rebates at the Medicaid rate.

- Client enrollment is tracked on a weekly basis to identify any trends that may be developing that will negatively impact the program. Expenditure data is collected monthly and then combined with the weekly enrollment data to give a snapshot of the program utilization in any given month. This information is then compared to planning projections of the program's enrollment and expenditure capacity to assess its continued viability.
- All Medicaid participating pharmacies also participate in ADAP, and are reimbursed at the Medicaid rate of average wholesale price minus 10%.

► **Other Accomplishments**

- During 1997, the State expanded Title II Medicaid coordination to include linkages between Title II home care services and the Medicaid waiver program, and between the Title II and Medicaid insurance continuation programs. The coordination will ensure a smooth transition when CARE Act clients become Medicaid eligible, ensure that CARE Act funds are payor of last resort, and reduce duplication.
- ADAP formulary decisions are made with the recommendations of an ad hoc advisory committee composed of physicians, providers, and consumers, which is convened when formulary changes are required.

AIDS Drug Assistance Program (ADAP): New Jersey

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$7,087,000	\$14,015,000	\$19,877,712	\$40,979,712
State Funds	\$700,000	\$700,000	\$700,000	\$2,100,000
Other: Title I	\$930,500	\$1,322,734	\$1,500,000	\$3,753,234
Total	\$8,717,500	\$16,037,734	\$22,077,712	\$46,832,946

Program

- ▶ Administrative Agency: Dept. of Health
- ▶ Formulary: 41 drugs, 4 protease inhibitors, 6 other antiretroviral drugs.
- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: Yes
- ▶ Co-payment: No
- ▶ PLWH involvement in advisory capacity: Formulary decisions are made with input from an ad hoc committee composed of physicians, providers, and consumers. This committee is convened when formulary changes are required and makes recommendations regarding these changes.
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

Clients Served

Clients enrolled, 10/98:	3,100
Number using ADAP each month:	1,700
Percent of clients on protease inhibitors:	55%
Percent of active clients below 200% FPL:	87%

Client Profile, FY 1996

Men:	68%
Women:	32%

<13 years old:	1%
13-19 years old:	0%
20+ years old:	99%

White:	33%
African American:	42%
Hispanic:	23%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
Other, unknown or not reported:	2%

Title III: New Jersey

Title III provides funding to public and private nonprofit entities for outpatient early intervention and primary care services. From FY 1991 to FY 1998, \$445.8 million was appropriated for Title III programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Programs Funded in State	8	8	8	
Total Title III funding in State	\$3,236,817	\$3,575,321	\$3,619,771	\$10,431,909

Clients Served in FY 1996 by Title III Grantees in State

(Based on programmatic information from 8 grantee(s) in State)

- ▶ Total number of people provided HIV pre-test counseling and testing services by State's Title III-funded programs: 8,873
- ▶ Total number of people provided primary health care services by State's Title III-funded programs: 6,965
- ▶ Number of new HIV-infected patients enrolled in State's Title III-funded early intervention programs in the past year: 1,674
- ▶ New clients (adults only) in State's Title III-funded early intervention programs presenting with CD4:
 - ▶ under 200: 42%
 - ▶ from 200 to 499: 27%
 - ▶ above 500: 24%
 - ▶ unknown: 7%

Accomplishments

Clients served (primary care only), 1996:	6,965
Men:	61%
Women:	39%
<13 years old:	5%
13-19 years old:	0%
20+ years old:	95%

White:	12%
African American:	64%
Hispanic:	24%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%
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Men who have sex with men (MSM):	7%
Injecting drug user (IDU):	40%
Men who have sex with men and inject drugs (MSM/IDU):	1%
Hemophilia/coagulation disorder:	2%
Heterosexual contact:	41%
Receipt of blood transfusion, blood components, or tissue:	3%
Other, unknown or not reported:	5%

► **Improved Patient Access**

- Case managers at St. Michael's Medical Center have been instrumental in helping clients negotiate entitlement systems, access transportation, and obtain social services. This has relieved some of the barriers that clients faced in receiving and/or continuing their medical care.
- Since receiving Title III funding in 1991, the Eric B. Chandler Health Center HIV Program has increased HIV counseling and testing from an average of 19 HIV tests per month with minimal counseling to an average of 75 tests per month with more comprehensive prevention counseling.
- The majority of low socioeconomic HIV-infected individuals seek care at the Eric B. Chandler Health Center. In 1991, the grantee enrolled 90 HIV-infected in primary medical care. By the end of 1997, the grantee had enrolled more than 800 clients in a much wider range of services, including dental care, clinical trials, social services, case management, and primary care.
- More than 750 HIV-infected clients receive primary care through Mercer Area Early Intervention Services. In addition to the primary care services, the grantee provides ophthalmic, dental care, OB/GYN services, and case management through the program.

► **Improved Patient Outcomes**

- Through intensive education efforts, client compliance with treatment regimens has increased substantially at the St. Michael's Medical Center. Nutritional counseling has helped to offset dietary problems associated with medications. As the clients experience fewer side effects, the treatment regimens are followed more closely. The grantee has noted a decrease in weight loss and wasting syndrome in the clinic's client population.

- Through increased use of viral load and other laboratory testing at St. Michael's Medical Center, medication regimens are adjusted more quickly. Through improved medical management of HIV disease, the grantee has noted increases in CD4 counts, decreases in viral loads, and decreased mortality and morbidity in the clients. In the past, an average of five to 10 clients died from AIDS each month. In 1998, the number has decreased to one or two clients dying every two months.
- Nutritional counseling and weekly medication classes are implemented at the Eric B. Chandler Health Center. More than 100 individuals have participated in the classes. Since starting antiretroviral therapy, several of the clients have returned to work and at least five have entered college.
- In 1998, only 10% of clients receiving care at Newark Community Health Centers refused to take antiretroviral therapy compared to 25% the previous year.

► **Cost Savings**

- A study completed in 1997 of Chandler Health Center clients showed that when physicians from the Center followed clients in the hospital, the cost per admission was reduced significantly. This partly due to the fact that the client is known to the physician, and costly diagnostic tests and procedures do not have to be repeated. Emergency room admissions were also decreased due to the triaging system established at the health center.
- In 1995, the average length of stay over a six-month time period for hospitalized clients of St. Joseph's Hospital and Medical Center was 11.7 days. This number decreased to 7.6 days in 1998, realizing a significant cost saving.
- The Newark Community Health Centers negotiated a 45% price reduction with the local laboratory for viral load tests.

Title III Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Barnert Memorial Hospital	Paterson	Bergen and Passaic Counties	Hospital/University-based Medical Center
Eric B. Chandler Health Center-UMDNJ	New Brunswick	Middlesex, Somerset, and Hunterdon Counties	Community and Migrant (329/330) Health Center
Franciscan Health Center	Hoboken	Hudson County	Hospital/University-based Medical Center
Helene Fuld Medical Center	Trenton	Mercer County	Non-329/330/340 Health Center
Newark Community Health Center	Newark	Essex, Union, Hudson, Bergen, Passaic, and Morris Counties, also serves West New York	Community and Migrant (329/330) Health Center

Grantee Name	Location	Service Area	Type of Organization
St. Joseph's Hospital and Medical Center	Paterson	Passaic and Bergen Counties	Hospital/University-based Medical Center
St. Michael's Medical Center	Newark	Essex, Union, and Morris Counties	Hospital/University-based Medical Center
UMDNJ/University Hospital	Newark	Middlesex County, greater New Brunswick Area	Hospital/University-based Medical Center

Title IV: New Jersey

Title IV provides funding for the development and operation of family-centered systems of primary health care and social services for infants, children, youth, women, and mothers (including pregnant women) and also serves high-risk individuals affected by HIV due to their relationship to family members with HIV. From FY 1991 to FY 1998, \$241.5 million was appropriated for Title IV programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of Funded Programs	3	3	3	
Total Title IV Funding	\$2,557,094	\$5,600,286	\$2,120,480	\$10,277,860

HIV-Infected and Affected Clients Served in 1996 by Title IV Grantees in State

Pregnant adolescents and women:	0%
Women with children:	1%
Adolescents/young adults:	8%
Children:	56%
Infants:	36%
Clients with AIDS/HIV Infection:	95%

Accomplishments

All clients served, 1996:	1,205
Men:	40%
Women:	60%
(Adolescents and adults only)	

<13 years old:	91%
13-19 years old:	8%
20+ years old:	1%

White:	12%
African American:	71%
Hispanic:	16%
Asian/Pacific Islander:	0%
Native American/Alaskan Native:	0%

Men who have sex with men (MSM):	0%
Injecting drug user (IDU):	0%
Men who have sex with men and inject drugs (MSM/IDU):	0%
Hemophilia/coagulation disorder:	0%
Heterosexual contact, non IDU:	1%
Receipt of blood transfusion, blood components, or tissue:	1%
Pediatric Exposure:	95%
Other, unknown or not reported:	2%

► **Improved Patient Access**

- The pediatric statewide network provides services to an estimated 85% of children reported as HIV-infected in New Jersey.
- In 1997, the grantee established new linkages with 10 pediatric practices and 10 social/community service agencies to enhance access to care.
- At least two clinics within the network of providers offer co-located mother-child clinics.
- More than 1,070 clients received care through the New Jersey Department of Health's Title IV project in 1997, an increase of 20% over the 890 clients in 1994.
- Four of the seven network agencies in New Jersey provide clinical trials on-site.
- The grantee established a support group for HIV-infected adolescents. More than 70 HIV-infected adolescents were in care in 1997.

► **Improved Patient Outcomes**

- In 1997, the network of providers identified 152 perinatally exposed children. Of those identified, 84% are in treatment.
- In 1993, 0.7% of children perinatally exposed to HIV infection received ZDV treatment either in the prenatal, perinatal, or neonatal phase. By 1997, that figure had increased to 64% of the children of pregnant HIV-infected mothers receiving ZDV treatment.

Title IV Grantees, FY 1998

Grantee Name	Location	Service Area	Type of Organization
Natl. Pediatric & Family HIV Resource Ctr. (UMDNJ)	Newark	National	Academic Medical Center
New Jersey Department of Health	Trenton	Statewide	Health Department
New Jersey Department of Health (WIN)	Trenton	Statewide	Health Department

Special Programs of National Significance (SPNS): New Jersey

The goal of the SPNS program is to advance knowledge about the care and treatment of persons living with HIV/AIDS by providing time-limited grants to assess models for delivering health and support services. From FY 1991 to FY 1998, \$119.9 million in funding was dedicated for SPNS programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Number of programs funded	1	0	0	
Total SPNS Funding in State	\$702,931	\$0	\$0	\$702,931

Project Descriptions

► University of Medicine and Dentistry of New Jersey

Location: Newark

Project period: 10/96 - 9/99

Population Served: High-risk and HIV-infected adolescents

Description of Services: The DAYAM Adolescent Project helps overcome barriers to early diagnosis and treatment of HIV-infected adolescents, using a three-step approach to intervention. POWER (Peer Outreach Workers Educating Risk-takers) uses high-risk teen peers to contact other teens on the streets. Teen peers communicate information to increase awareness of HIV risk behaviors and the acceptance of HIV testing. The second strategy, STOP (Spend Time on Prevention), involves a mobile HIV testing van that works in conjunction with POWER and makes testing immediately accessible to high-risk adolescents. START (Screening Treatment and Risk Reduction for Teens) provides adolescent-specific treatment and medical monitoring. Services include periodic physical examinations, testing, and general and specific medical care. The program also provides a full range of case management services, crisis intervention, mental health services, substance abuse treatment, and social services to infected teens and their families.

Project Highlights

- The DAYAM project has developed an integrated program of intervention targeting high-risk youth by successfully coordinating the services of a multi-disciplinary team of providers.
- DAYAM has developed a highly effective mobile unit to reach, educate, test, and treat high-risk and HIV-infected street teens. Over 4,300 previously unreached and untested adolescents were contacted, using peer teen outreach workers. Testing and counseling were provided for over 532 previously unreached youth, and those who were HIV-infected were subsequently enrolled in treatment programs.
- DAYAM has collected data and evaluated project effectiveness in terms of teen behaviors and adherence to treatment.

AIDS Education and Training Centers: New Jersey

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ New Jersey AETC
- ▶ States Served: New Jersey
- ▶ Primary Grantee: UMDNJ, Newark, NJ
- ▶ Subcontractors in State: Camden AHEC - Camden
Garden AHEC - Bridgeton
Shore AHEC - Atlantic City

Funding History

Year	1996	1997	1998	Total
Total AETC Funding for State	\$778,657	\$564,481	\$1,548,498	\$2,891,636

Training Highlights from FY 1997

- In recognition of the changing health care environment, the AETC conducted two conferences, in collaboration with the New Jersey Department of Health and Social Services and HRSA, to increase providers' understanding of managed care organizations, capitation, risk-adjusted rates and the impact of HIV care for both consumers and providers. The AETC has also conducted more than 20 programs including Advanced Clinical Updates and Early Identification of HIV Infection for providers in managed care organizations.
- Fourteen Clinical Training Sites offer Clinical Practicum Programs for physicians and mid-level providers on such topics as: harm reduction and outreach strategies in HIV/AIDS; mycobacterial infections in HIV/AIDS; and women-centered prevention and care in HIV/AIDS.
- Educational programs, delivered in roundtable format with local and national experts in dialogue with physicians and mid-level providers, have been presented on the following topics: advanced clinical updates; adjunctive management in HIV/AIDS; complimentary therapies; noncompliance vs. neurological involvement; adolescents and HIV/AIDS; and palliative care across the spectrum of HIV disease.

- The AETC disseminates information to clinicians via a web site, satellite broadcasts, and the mailing of materials. The “New Jersey AIDS Etcetera” newsletter for clinicians ensures that providers with limited access to on-line information can still receive information. Flyers in five languages publicize the AETC’s warmline and a six-month Calendar of Programs is mailed twice a year to over 10,000 providers.

HIV/AIDS Dental Reimbursement Program: New Jersey

The CARE Act HIV/AIDS Dental Reimbursement Program reimburses eligible dental schools and postdoctoral dental education programs for the reported, uncompensated costs of providing oral health care to PLWH. From FY 1996 (when the program was first funded by the CARE Act) to FY 1998, \$22.2 million in funding was provided for programs in the U.S.

Funding History

Year	1996	1997	1998	Total
Number of Programs Funded in State	3	3	3	
Total HIV/AIDS Dental Reimbursement Program Funding in State	\$314,726	\$270,771	\$332,245	\$917,742

Accomplishments

Est. clients served, 1996:	1,477
Men:	61%
Women:	39%
<13 years old:	4%
13-19 years old:	2%
20+ years old:	94%

HIV/AIDS Dental Reimbursement Program Grantees, FY 1998

Grantee Name	Location
Hackensack University Medical Center	Hackensack
St. Joseph's Hospital	Patterson
UMD New Jersey	Newark